

# SWRCB SENSOR FIELD EVALUATION SITE DATA COLLECTION FORM

Site # \_\_\_\_\_

## SITE INFORMATION

<b>Date:</b>	<b>Time Testing Begins:</b>	<b>Time Testing Ends:</b>
<b>Facility Name:</b>		<b>Address:</b>
<b>Facility Ownership:</b> Major Oil <input type="checkbox"/> Independent Oil <input type="checkbox"/> Government Agency <input type="checkbox"/> Other:		
<b>Tank Type:</b> Single-Wall <input type="checkbox"/> Double-Wall <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Dry <input type="checkbox"/> Hydrostatic <input type="checkbox"/>		
<b>Piping Type:</b> Single-Wall <input type="checkbox"/> Double-Wall <input type="checkbox"/> Pressurized <input type="checkbox"/> Suction <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass <input type="checkbox"/> Flex <input type="checkbox"/> Fiber Trench <input type="checkbox"/>		
<b># of Tanks:</b>	<b># of Sumps:</b>	<b># of Dispensers:</b>

## STAFF

<b>SWRCB Staff Present:</b>	
<b>Local Agency Staff Present</b>	<b>Agency:</b>
<b>Service Technician(s) Conducting Test:</b>	
<b>Contractor:</b>	<b>Years in Industry:</b>
<b>Manufacturer's Representatives:</b>	<b>Manufacturer:</b>

## WEATHER CONDITIONS

<b>Temperature at Start of Testing:</b>	<b>Temperature at End of Testing:</b>
<b>Humidity at Start of Testing:</b>	<b>Humidity at End of Testing:</b>
<b>General Conditions:</b> Sunny <input type="checkbox"/> Cloudy <input type="checkbox"/> Windy <input type="checkbox"/> Light Rain <input type="checkbox"/> Heavy Rain <input type="checkbox"/> Fog <input type="checkbox"/> Other:	

## COMMENTS:

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# SWRCB SENSOR FIELD EVALUATION, SENSOR DATA COLLECTION FORM

## EQUIPMENT INFORMATION

<b>Sensor Make:</b>		<b>Sensor Model:</b>	
<b>Sensor Serial #:</b>		<b>Sensor Manufacture Date:</b>	
<b>Control Panel Make:</b>		<b>Control Panel Model:</b>	
<b>Control Panel Serial #:</b>		<b>Control Panel Manufacture Date:</b>	
<b>Operating Principle:</b> Float Switch <input type="checkbox"/> Ultrasonic <input type="checkbox"/> Product Permeable <input type="checkbox"/> Optical <input type="checkbox"/> Capacitance Change <input type="checkbox"/> Product Soluble <input type="checkbox"/> Thermal Conductivity <input type="checkbox"/> Conductivity <input type="checkbox"/>			
<b>Discriminating?</b> Y N	<b>Continuous?</b> Y N	<b>Reusable?</b> Y N	<b>Listed in LG-113?</b> Y N

## APPLICATION INFORMATION

<b>Sensor Location:</b> Tank Interstice <input type="checkbox"/> Pump Sump <input type="checkbox"/> Fill Sump <input type="checkbox"/> UDC <input type="checkbox"/> Vapor Well <input type="checkbox"/> Groundwater Well <input type="checkbox"/> Trench Liner <input type="checkbox"/>	
<b>Is Sensor at Lowest Point?</b> Yes No NA	<b>Is Wiring Connected Properly?</b> Yes No NA
<b>Total # of Sensors Recorded on this Form:</b>	
<b>Sensor Location...</b> (check all that apply)	Is Clean and Dry <input type="checkbox"/> Contains Water <input type="checkbox"/> Contains Debris <input type="checkbox"/> Brine-Filled <input type="checkbox"/> Contains Product <input type="checkbox"/> Contains Backfill <input type="checkbox"/> Has Strong Vapor Smell <input type="checkbox"/>
<b>Sensor is Monitoring for the Presence of...</b>	Regular Unleaded <input type="checkbox"/> Mid-Grade Unleaded <input type="checkbox"/> Premium Unleaded <input type="checkbox"/> Water <input type="checkbox"/> Diesel <input type="checkbox"/> Brine <input type="checkbox"/> Waste Oil <input type="checkbox"/> Other:
<b>Tank/Sump/UDC Monitored by Sensor is...</b>	Steel <input type="checkbox"/> PVC/Plastic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Membrane/Liner <input type="checkbox"/> HDPE <input type="checkbox"/> Other:
<b>Tank/Sump/UDC Manufacturer:</b>	

## WATER TEST (Low)

<b>Water Height:</b>	<b>Response Time</b>
<b>Recovery Time</b>	<b>Pump Shut-Down</b> Yes No NA
<b>Alarm Activated:</b> Water Product Both None	<b>Test Result:</b> Pass Fail

## WATER TEST (High)

<b>Water Height:</b>	<b>Response Time</b>
<b>Recovery Time</b>	<b>Pump Shut-Down</b> Yes No NA
<b>Alarm Activated:</b> Water Product Both None	<b>Test Result:</b> Pass Fail

## PRODUCT TEST

<b>Product Height:</b>	<b>Product Used:</b>
<b>Response Time</b>	
<b>Recovery Time</b>	<b>Pump Shut-Down</b> Yes No NA
<b>Alarm Activated:</b> Water Product Both None	<b>Test Result:</b> Pass Fail

## PRODUCT ON WATER TEST

<b>Water Height:</b>	<b>Product Thickness:</b>
<b>Response Time:</b>	<b>Recovery Time:</b>
<b>Alarm Activated:</b> Water Product Both None	<b>Pump Shut-Down</b> Yes No NA
<b>Product Used:</b>	<b>Test Result:</b> Pass Fail

After testing this sensor was: Repaired<sup>1</sup> ☐ Replaced ☐ Re-Tested<sup>2</sup> ☐ Re-Installed ☐

## COMMENTS:

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<sup>1</sup> Describe repairs in Comments section

<sup>2</sup> If the sensor is re-tested, record test data in another sensor form and attach it to the back of this form

# Veeder-Root Discriminating Sensor Field Performance Test

Site Address: \_\_\_\_\_ Date: \_\_\_\_\_

Testing Contractor: \_\_\_\_\_ SWRCB Staff: \_\_\_\_\_

Weather Conditions: \_\_\_\_\_ Diameter of test apparatus (in.): \_\_\_\_\_ Site ID #: \_\_\_\_\_

	Sensor Model	High Water Level				Fuel					Water/Fuel Mixture						Pass Or Fail?
		Water Level (in.)	Response		Recovery Time (mm:ss)	Fuel Level (in)	Time in Fuel (mm:ss)	Response		Recovery Time (mm:ss)	Water Level (in.)	Fuel Thickness (in.)	Time in Liquid (mm:ss)	Response		Recovery Time (mm:ss)	
			Time to Alarm (mm:ss)	Alarm Type (WFN)				Time to Alarm (mm:ss)	Alarm Type (WFN)					Time to Alarm (mm:ss)	Alarm Type (WFN)		
S1																	
S2																	
S3																	
S4																	
T1																	
T2																	
T3																	
T4																	

Comments:

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- 1) Sensor Location: T1 to T4 are sensors in tanks 1-4, S1 to S4 are sensors in the turbine sumps of tanks 1-4, additional sensor locations should be included in the "comments" section of this form.
- 2) Alarm Type: W = Water, F = Fuel, N = None. Include both W and F if applicable.
- 3) Times: All times will be taken from the moment the sensor is placed in the fluid. The clock will not be zeroed between alarm activation and recovery.
- 4) Indicate any sensors that were replaced, noting the model # of the old and new sensors as well as the reason for replacement.